

COMMONWEALTH OF MASSACHUSETTS GROUP INSURANCE COMMISSION

PRE-TAX BASIC LIFE & HEALTH INSURANCE PLAN

The Commonwealth has adopted the State Pre-Tax Basic Life & Health Insurance Plan to save you money on your insurance premiums. Under this Plan, if you have basic life or basic life and health insurance through the Group Insurance Commission, your premiums will be deducted from your salary on a pre-tax basis. This means that you will not have to pay state or federal income taxes on your share of the cost of basic life and health insurance premiums, which will result in a slightly larger paycheck. This will not affect your current insurance benefits; coverage will remain the same.

This benefit is automatic, no further action on your part is required to receive this benefit.

Federal law, however, requires that you be offered the opportunity to decline this benefit. If you elect not to participate in this plan you may not change your mind until an annual enrollment period, or unless or until one of the following occurs:

- 1. you get married or divorced;
- 2. the birth or adoption of a child;
- 3. your spouse or dependent dies;
- 4. your spouse commences or is terminated from employment;
- 5. you or your spouse take an unpaid leave of absence;
- 6. you involuntarily lose health insurance through no fault of your own.

If you decide not to participate in this plan you must complete the other side of this Election Not to Participate Form and submit it to your GIC or Payroll Coordinator. If you do not submit a completed form, your insurance premiums will be deducted on a pre-tax basis automatically.

3/08 Page 1 of 2



COMMONWEALTH OF MASSACHUSETTS

GROUP INSURANCE COMMISSION

Pre-tax Basic Life & Health Insurance Plan Election Not to Participate Form

YOU MUST READ PAGE ONE BEFORE COMPLETING FORM - PRINT CLEARLY IN CAPITAL LETTERS

| Social Security Number | | Agency/Division | |
|------------------------|-------|-----------------|----------|
| | | | |
| Insured Name: | First | M.I. | Last |
| | | | |
| Street Address | | | |
| | | | |
| City | | State | Zip Code |
| | | | |
| Signature of Insured | | | Date |

I hereby elect NOT to participate in the state Pre-Tax Basic Life & Health Insurance Plan. I understand that by making this election I have chosen to have my share of basic life and basic health insurance premiums paid on an after-tax basis. I understand that as a result of this election not to participate in the plan, I will not receive an increase in "take home pay."

I further understand that I may not change this election until an annual enrollment period or unless one of the following "change in family status" occurs:

- 1. I get married or divorced;
- 2. A child is born to me, or I adopt one;
- 3. My spouse or one of my dependents dies;
- 4. My spouse commences or is terminated from employment;
- 5. I or my spouse take an unpaid leave of absence; or
- 6. I involuntarily lose my health insurance coverage through no fault of my own.

Page 2 of 2 3/08